



**DEPARTMENT OF THE ARMY**  
**U.S. ARMY COMBINED ARMS CENTER**  
**OFFICE OF THE STAFF JUDGE ADVOCATE**  
**415 CUSTER AVENUE**  
**FORT LEAVENWORTH, KANSAS 66027-2313**

Dear Claimant:

To better serve you and future claimants, I would appreciate you taking a few moments to complete this survey. You may mail the form to my attention to the address shown above; return it to my office, second floor of the SJA building, or to the Claims Office. Completion of this survey does not constitute a request for a reconsideration of your claim. Thank you for your assistance.

Sincerely,

Samuel J. Rob  
Colonel, U.S. Army  
Staff Judge Advocate

<b>I. Notification of Loss/Damage to Transportation Service Provider (TSP)</b>					
Notification was handled by: (please circle)		Mary	Amanda	Jenny	Other
1. Were you treated in a courteous/friendly manner?		Yes			No
2. Were the instructions in the Claims Packet understandable and clear enough to properly complete the claim forms?		Yes			No
3. Was the claim examiners helpful with assisting you send notification to the TSP?		Yes			No
4. Did the TSP provide any written guidance on filing claim?		Yes			No
<b>II. Claim Processing through TSP</b>					
Claim intake was provided by: (please circle)		Mary	Amanda	Jenny	Other
1. Did the TSP inform you, or were you aware, that the TSP had to get estimates of repair?		Yes			No
2. Was your claim processed in a timely manner?		Yes			No
3. Was your claim settled fairly?		Yes			No
4. Did the carrier replace old items that were lost or destroyed with new items?		Yes			No
5. If your claim has been paid, how long did it take from filing to receipt of payment?					
6. Were you given a satisfactory explanation for how the amount for each line item was calculated?		Yes			No
7. If you were not paid the full amount you requested, was the reconsideration process explained to you?		Yes			No

<b>III. Claim Processing through Army Claims Office (ACO)</b>					
Claim intake was provided by: (please circle)					
		Mary	Amanda	Jenny	Other
1. Was your claim processed in a timely manner?					
		Yes			No
2. Was your claim settled fairly?					
		Yes			No
3. If your claim has been paid, how long did it take from filing to receipt of payment?					
4. Were you given a satisfactory explanation for how the amount for each line item was calculated?					
		Yes			No
5. If you were not paid the full amount you requested, was the reconsideration process explained to you?					
		Yes			No
		Excellent	Good	Fair	Poor
Please rate your overall satisfaction with the claims process and services provided.					

Do you have any remarks or suggestions on how we can improve our service? (Use back of the survey if necessary.)

Please comment on your overall experience with the Full Replacement Value Program.

If you would like the Staff Judge Advocate to contact you directly regarding the services provided, please provide your name, address and telephone number.